



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE February 21, 2007

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#### **House Bill 6977 - An Act Concerning Prevention Strategies for Diseases Caused by Human Papilloma Virus.**

The Department of Public Health provides the following information concerning House Bill 6977 relevant to the current status and potential needs related to prevention of diseases caused by the human papilloma virus (HPV), particularly cervical cancer.

Cervical cancer is an important problem: 130 new cases of cervical cancer are being diagnosed each year, with an annual average of 37 deaths.

House Bill 6977 would modify the existing statute regarding immunization requirements for school entry to include HPV vaccine. Such a change in the statute is not necessary. CGS Section 10-204(a) already specifies that any vaccine on the nationally recommended schedule for active immunization be required for school entry. In June 2006, the national schedule was changed to include routine immunization of all girls aged 11-12 years with HPV vaccine. Thus, it is not necessary to specify HPV vaccine in CGS Section 10-204(a).

It is necessary, however, for DPH to amend the regulations for implementing CGS Section 10-204(a) to specify how many doses are needed to show proof of immunity and what year the requirements will take effect. This regulatory change process will be initiated later in 2007. It is likely that HPV vaccine would not begin to be required for seventh grade entry until at least September 2009.

There are four important barriers to requiring it sooner than September 2009:

- (1) **Availability.** The vaccine in sufficient supplies to enable vaccination of all 11-12 year old girls with the full three dose series.
  - Given that the vaccine is also recommended to be given to all girls and women 11-26 years of age, it is unclear whether the manufacturer will have sufficient supplies in the next year or two to support a mandatory requirement for 11-12 year olds.
- (2) **Cost of the vaccine.**
  - The vaccine costs at least \$120 per dose at retail prices for each of three doses and insurance coverage of that cost is highly variable and generally inadequate. While the federal Vaccines for Children (VFC) Program provides the DPH Immunization Program with HPV vaccine to vaccinate all uninsured and Medicaid-eligible girls 11-18 years of age, the State does not have a budget to purchase HPV vaccine for those with some health insurance. Thus, the high out-of-pocket costs will keep some families from getting their girls immunized.
  - Many providers cannot afford to pay up front to keep a supply of the vaccine in their office, knowing that they may not get fully reimbursed for it. For those who cannot afford it, they will not be able to offer it to all girls 11-12 years of age.

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- For the DPH Immunization Program to be able to supply the vaccine for all 11-12 year olds regardless of insurance status, a budgetary increase of approximately \$7.8 million is needed for the vaccines line item of the state budget (sufficient to buy 3 doses of vaccine for each of 26,000 girls not covered by the VFC program).
- (3) Requirement in CGS Section 10-204(a) that towns assume the expense of immunizations if the parents or guardians of any children are unable to pay.
- Given the cost of vaccine, this could be a substantial financial as well as administrative burden on towns and schools.
  - There is a statutory mechanism that could be used to relieve the towns of this possible financial burden and which also would offset a \$7.8 million state budgetary increase. CGS Section 19a-7j enables the State to assess a health and welfare fee from health insurers to finance State vaccine purchase in support of national recommendations. Thus, if the budget included funds to purchase HPV vaccine for 11-12 year olds in addition to the vaccines it already covers, the additional funds could be readily recouped from the health insurers who are currently saving money by not fully covering for the vaccine.
- (4) Rate at which providers incorporate vaccination into their schedule.
- Past experience has shown that it takes about 3 years after introduction of a new vaccine for it to be fully integrated into all primary care provider practices. While mandating a vaccine sooner can force providers to incorporate a new vaccine sooner, given all the issues listed above, it means that many more children will be excluded from the first critical days at school, causing substantial disruption at the beginning of the school year.

Thank you for your consideration of the Department's views on this bill.